



**ARIZONA DEPARTMENT OF TRANSPORTATION**  
**SPECIAL EVENT PERMIT APPLICATION**  
Kingman District Office  
3660 E. Andy Devine  
Kingman, Arizona 86401

Application is made by the undersigned to enter upon the highway right-of-way for the following special event:

on Highway(s) \_\_\_\_\_ Beginning MP \_\_\_\_\_ End MP \_\_\_\_\_ In or near \_\_\_\_\_

on the following date(s): \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

(Organization)

(Address)

(City)

(State)

(Zip)

A Certificate of Insurance in the amount of \$1 million, naming the State and the Arizona Department of Transportation as additional insured as their interests may appear, is a requirement of this permit and is attached hereto and made part of the application. Such insurance shall be kept in force by the permittee for the term of the permit.

The permittee shall indemnify, defend, and save harmless the State from any and all claims, demands, suits, actions, proceedings, loss, cost, and damages of every kind and description, including any attorney' fees and/or litigation expenses, which may be brought or made against or incurred by the Department on account of loss of or damage to any property or for injuries to or death of any person, caused by, arising out of, or contributed to, in whole or in part, by reasons of any alleged act, omission, professional error, fault, mistake, or negligence of the permittee, its employees, agents, representatives, or contractors or subcontractors, their employees, agents, or representatives, in connection with or incident to the performance of the work, or arising out of Workmen's Compensation claims, Unemployment Compensation claims, or Unemployment Disability Compensation claims of employees of the permittee and/or its contractors' or subcontractors', or claims under similar such laws or obligations. The permittee's obligation under this Subsection shall not extend to any liability caused by the sole negligence of the State, or its employees.

**THIS PERMIT IS SUBJECT TO REVIEW BY THE ARIZONA DEPARTMENT OF ADMINISTRATION, RISK MANAGEMENT DIVISION.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR DEPARTMENT USE ONLY:

Permit No. \_\_\_\_\_

This application is approved with the following directions, requirements, specifications, restrictions: \_\_\_\_\_

APPROVED BY:

(Title)

(Date)

(Title)

(Date)